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|---|--|---|--|------------------------------|
| 1. CIR/DIST/DIV. CODE AKX | 2. PERSON REPRESENTED HULL, WOODROW REED | VOUCHER NUMBER | | |
| 3. MAG. DKT./DEF. NUMBER | 4. DIST. DKT./DEF. NUMBER 3:05-000067-JWS | 5. APPEALS DKT./DEF. NUMBER 9th: 06-30014 | 6. OTHER DKT. NUMBER | |
| 7. IN CASE/MATTER OF (Case Name) U.S. v. HULL | 8. PAYMENT CATEGORY Other | 9. TYPE PERSON REPRESENTED Appellant | 10. REPRESENTATION TYPE (See Instructions) Appeal of Trial Disposition | |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. | | | | |
| 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Josephson, Joe P. JOSEPHSON and ASSOCIATES 912 W SIXTH AVE ANCHORAGE AK 99501 Telephone Number: (907) 276-0151 | | 13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input checked="" type="checkbox"/> P Subs For Panel Attorney Prior Attorney's Name: ROSENBAUM, MARK A Appointment Date: 12/21/2005 <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel MAR 29 2007 | | |
| 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) JOSEPHSON and ASSOCIATES JOSEPHSON and ASSOCIATES 912 W SIXTH AVENUE Anchorage AK 99501 | | <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case. <input type="checkbox"/> Other (See Instructions) <i>Richard L. Josephson</i> Signature of Presiding Judicial Officer or By Order of the Court 03/23/2007 Date of Order None Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 15. CLAIM FOR SERVICE AND EXPENSES | | | FOR COURT USE ONLY | |
| CATEGORIES (Attach itemization of services with dates) | | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH ADJUSTED HOURS |
| 15. a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) | | | | |
| (Rate per hour = \$) | | TOTALS: | | |
| 16. a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and Other work (Specify on additional sheets) | | | | |
| (Rate per hour = \$) | | TOTALS: | | |
| 17. Travel Expenses (lodging, parking, meals, mileage, etc.) | | | | |
| 18. Other Expenses (other than expert, transcripts, etc.) | | | | |
| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____ | | | | |
| 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION | | | 21. CASE DISPOSITION | |
| 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____ | | | | |
| APPROVAL ON PAYMENT (COURT USE ONLY) | | | | |
| 23. IN COURT COMP. | 24. OUT OF COURT COMP. | 25. TRAVEL EXPENSES | 26. OTHER EXPENSES | 27. TOTAL AMT. APPR / CERT |
| 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER | | | DATE | 28a. JUDGE / MAG. JUDGE CODE |
| 29. IN COURT COMP. | 30. OUT OF COURT COMP. | 31. TRAVEL EXPENSES | 32. OTHER EXPENSES | 33. TOTAL AMT. APPROVED |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. | | | DATE | 34a. JUDGE CODE |

FAXED
TO 9th
(9)
3-29-07

RECEIVED

CLERK, U.S. DISTRICT COURT
ANCHORAGE, A.K.